Subsurface No. of exact length width of depth of	HTE# 06-5-16141R	Harmett County	Department	of Public Health	19259	
New installation Septic Tank Repair Mitrification Line Expansion PROPERT LOCATION *** *** *** *** *** *** *** *** *** *	PERMIT # 24004	,	Operation Pern	nit	/	
Name: (owner)		□ Ne	ew Installation 🗆 S	eptic Tank 🗆 Repair 🗵		☐ Expansion
System Installer: Gooder & Totologo Number of Bedrooms Registration #	Name: (owner) MOSS Horne BUT					# 13
Basement with plumbing: Garage IN Number of Bedrooms SPAPA. Type of Water Supply: Gomunity Public Well Distance from well feet System Type: Significance with Table V a) Owner must concact Health Department 6 months prior to expiration for permit renewal. This system has been installed in compliance with applicable North Carolina General Statuers, Nales for Serage Frazement and Disposal, and all conditions of the Improvement Permit and Construction Authorization. PERMIT CONDITIONS: I. Performance: I. Performance: I. Performance: I. Performance: I. Performance: J. Perfo						
System Type:						
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11	Type of system: Conventional Othe	r 15% MEDUCTION SYS			The state of the s	gallons
	Subsurface No. of Drainage Field ditches 4		80feet	ditches 3 feet	2111	inches

French Drain Required: Linear feet Manhantera Authorized State Agent_

Drainage Field

Date